

Draft 2008-2009 ADOPTION PROGRAMS' CONTRACT MONTHLY INVOICE									
Contract Name:					Expenditure Month:		Expenditure Year:	2008-09	
Contract Number:	ACHIEVE ADOPTION SERVICES THROUGH COLLABORATIVE PARTNERSHIPS SVC-08-059						Contact Person's Name:		
FIN Number:	0						Contact Person's Telephone Number:		
	BUDGET		EXPENDITURES FOR Month		YEAR-TO-DATE EXPENDITURES		BALANCE		Contact Person's Email Address
	VDSS Award	Match	VDSS Award	Match	VDSS Award	Match	VDSS Award	Match	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
Salaries					\$ -	\$ -	\$ -	\$ -	VDSS Cost Code
Employee Benefits					\$ -	\$ -	\$ -	\$ -	
Postage					\$ -	\$ -	\$ -	\$ -	FOR VDSS USE ONLY
Rent and Utilities					\$ -	\$ -	\$ -	\$ -	TOTAL
Equipment					\$ -	\$ -	\$ -	\$ -	DATE
Printing					\$ -	\$ -	\$ -	\$ -	
Consumable Supplies					\$ -	\$ -	\$ -	\$ -	CONTRACT MANAGER APPROVAL
Travel					\$ -	\$ -	\$ -	\$ -	
Other					\$ -	\$ -	\$ -	\$ -	
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
					Within budget	Within budget			
			Calculation Confirmation	\$0.00	\$0.00	\$0.00	\$0.00		
I certify that this report presents actual receipts and expenditures of funds, all made in accordance with the approved budget of the above-mentioned grant.									
Signature of Authorized Official							Title		
Printed Name of Signatory							Signature Date		
Please PRINT your email address:									